Audits Branch - Southern Region
11401 S. Bloomfield Ave., Bldg. 203, Norwalk, CA 90650-2015
Telephone: (562) 406-3929
Fax: (562) 406-3951

May 20, 2008

Marvin J. Southard, D.S.W., Director Los Angeles County Department of Mental Health 550 So. Vermont Avenue. 12th Floor Los Angeles, CA 90020

Dear Dr. Southard:

AUDIT REPORT - HARBOR/UCLA MEDICAL CENTER

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Harbor/UCLA Medical Center, for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

The effect of this revised allowable program costs is as follows:

	<u> </u>	Net Program Co	1 <u>515</u>
	Settled	Allowed	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal – FFP	\$ 1,638,629	\$ 1,461,337	\$ (177,292)

Not Program Costs

If you disagree with any of the results of this audit, you may request an informal appeal conference. This request must be in writing and received by the Department of Health Care Services within sixty (60) calendar days following the date of receipt of this report.

Your notice of disagreement should be directed to Vickie P. Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Care Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WALTER J. HILL, Jr. MBA, EA

Chief

RAQUEL E. RIOS, Supervisor Audits – Southern Region

Enclosures

CERTIFIED MAIL



Audits Branch – Southern Region 11401 S. Bloomfield Ave., Bldg. 203, Norwalk, CA 90650 Telephone: (562) 406-3929 Fax: (562) 406-3951

May 20, 2008

Helen Jew, Head of State Reimbursement Section Los Angeles County Department of Health Services 313 No. Figueroa Street, Room 426 Los Angeles, CA 90012

nauel E. his

Dear Ms. Jew:

Attached is a copy of our audit report of your 2002-2003 Fiscal Year operation concerning the Short-Doyle/Medi-Cal program.

If you disagree with the results, your concerns should be directed to the County.

Sincerely,

RAQUEL É. RIOS Audits Supervisor

Attachment

SCHEDULE 1

LOS ANGELES COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2003

LEGAL ENTITY NAME: HARBOR/UCLA MEDICAL CENTER LEGAL ENTITY NUMBER: 00502

NET REIMBURSABLE N PROGRAM COST	MEDI-CAL	Audit As Settled Adjustments As Audited
FEDERAL - FFP	(Sch. 2)	\$ <u>1,638,629</u> \$ <u>(177,292)</u> \$ <u>1,461,337</u>

HARBOR-UCLA MEDICAL CENTER LOS ANGELES COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

			As Settled		Audit Adjustments	As Audited
Total Medi-Cal Gross Reimbursement		-	As Settleu	-	Aujustments	As Audited
Inpatient SD/MC	(MH 1968, Ln 11, 11A)	\$	2,066,255	\$	(357,850) \$	1,708,405
2. Outpatient SD/MC	(MH 1968, Ln 11, 11A)	•	1,201,571	•	3,733	1,205,304
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0		0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		0		0	0
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0	0
7. Healthy Family Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0	0
8. Healthy Family Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		0			0_
9. Total		\$ _	3,267,826	\$	(354,117) \$	2,913,709
Less: Patient & Other Payor Revenues						
10. Inpatient SD/MC	(MH 1968, Ln 28, 28A)	\$	67,637	\$	(9,634) \$	58,003
11. Outpatient SD/MC	(MH 1968, Ln 28, 28A)		5,204		23	5,227
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0	0
Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0	0
 Enhanced SD/MC (Refugees) - O/P 	(MH1968, Ln 30)		0		0	0
16. Healthy Family Patient Revenue-I/P	(MH 1968, Ln 31)		0		0	0
17. Healthy Family Patient Revenue-O/P	(MH 1968, Ln 31)	_	0		0	0
18. Total		\$ =	72,841	. \$:	(9,611) \$	63,230
Medi-Cal Net Reimbursement for Direct Service	<u>es</u>					
19. Inpatient SD/MC (Incl Children Enhan)	(Ln 1,3 - Ln 10,12)	\$	1,998,618	\$	(348,216) \$	1,650,402
20. Outpatient SD/MC (Incl Children Enhan)	(Ln 2,4 - Ln 11,13)		1,196,367		3,710	1,200,077
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0	0
23. Healthy Family-I/P	(Ln 7 - Ln 16)		0		0	0
24. Healthy Family-O/P	(Ln 8 - Ln 17)	_	0		0	0
25. Total		\$ =	3,194,985	\$.	(344,506) \$	2,850,479
Medi-Cal MAA Reimbursement						
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$	0	\$	0 \$	0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	_	0		0	0
28. Total		\$_	0_	\$	0 \$	0
Amount Negotiated Rates Exceed Cost						
29. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0 \$	0
30. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0		0	0
31. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0	0
32. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0	0
33. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0	0
34. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	_	0		0	0
35. Total		\$ _	0	\$ =		0
Net Reimbursable Cost - FFP						
36. Direct Services	(MH1979, Ln 16, 16A)	\$	1,638,629	\$	(177,292) \$	1,461,337
37. Enhanced SD/MC (Children)	(MH1979, Ln 17, 17A)		0		0	0
38. Enhanced SD/MC (Refugees)	(MH1979, Ln 18)		0		0	0
39. MAA	MH 1979, Ln 11, 12)		0		0	0
40. Negotiated Rate-Payback-SD/MC & Enh	(MH1979, Ln 20)		0		0	0
41. Healthy Families Reimbursement	(MH1979, Ln 27)		0		0	0
42. Total - FFP		\$_	1,638,629	\$	(177,292) \$	1,461,337
Contract Maximum		\$	1,638,629	\$	1,993,593_\$	3,632,222
		=	· · · · · · · · · · · · · · · · · · ·	-	 =	
Lower of Net Reimbursable Cost or Contract M	aximum	\$ =	1,638,629	\$_	(177,292) \$	1,461,337 (To Sch.1)

Provider		Y A Mad	ical Cari		Entity Number 502		No. of Adj. 16		Fiscal Po 07/01/02		
	Harbor/UC Report Re			le:		-		+		T -	_ _
Adj.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS	5		As Reported		Increase (Decrease)		As Adjusted
				ADJUSTMENTS TO SETTLED COSTS	·						
1	MH 1961 MH 1961	1 2	B B	Physician Costs - Administrative Days - 05/19 Ancillary Costs - Administrative Days - 05/19 Total		\$ _ \$	0 0 0	\$ - \$ _	(1,904) (29,778) (31,683)	\$ =	(1,904) (29,778) (31,683)
				To adjust settled inpatient administrative days physician and ancillary reflect audited amount based on review of provider documents.	costs to						
2	MH 1964	2	} 	Hospital Inpatient Services To reflect the effect of cost adjustment on settled mode of service co	atient Services			\$	(31,683)	\$	7,245,264
3	MH 1991 MH 1991		G H	Physician Costs - Administrative Days - 05/19 Ancillary Costs - Administrative Days - 05/19 Total	3. .	\$ \$	13,379 83,988 97,367	\$ \$	(1,904) (29,778) (31,683)	\$ \$ =	11,475 * 54,210 * 65,684
				To reflect the effect of cost adjustments on settled physician and and inpatient administrative days.	illary costs for					}	
4	MH 1966	3	С	Gross Cost - 05/19 To adjust settled inpatient administrative days gross cost to reflect auto physician and ancillary costs.	udit adjustment	\$	1,628,346	\$	(31,683)	\$	1,596,663
5	MH 1991 MH 1991		G H	Physician Costs - Administrative Days - 05/19 Ancillary Costs - Administrative Days - 05/19	*1	\$	11,475 54,210	\$	0 0	\$	11,475 54,210
				To reflect audited physician and ancillary costs for each period of ser on MH 1991.	vice						
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.							

Provider					Entity Number	No. of Adj.	Fiscal Perio	od Ended
	Harbor/UC	LA Medi	ical Cen	ter	502	16	07/01/02 To	06/30/03
	Report Re	ference				As	Increase	As
Adj.	Form/			EXPLANATION OF AUDIT ADJUSTMEN	ITS	Reported	(Decrease)	Adjusted
No.	Sch.	Line	Col.			<u> </u>		
}				ADJUSTMENTS TO SETTLED PATIENT STATIST	rics			
6	MH 1966	2	В	Total Units - 05/10		6,517	(25)	6,492
ł	MH 1966	2	C	Total Units - 05/19		6,261	-	6,261
1	MH 1966	2	В	Total Units - 10/24		66,123	29	66,152
1	MH 1966	2	В	Total Units - 15/10		3,285	0	3,285
ļ	MH 1966	2	С	Total Units - 15/42		84,795	210	85,005
	MH 1966	2	D	Total Units - 15/62		16,165	0	16,165
1	MH 1966 2 E Total Units - 15/77 Total				120	0	120_	
1	}	İ		Total		183,266	214	183,480
				To adjust Total Units of service to agree with RGMS 701 U-P.				
7	MH 1966	8		Medi-Cal Units @ 51.40%		12,367	363	12,730 *
]	MH 1966	8A	Ì	Medi-Cal Units @ 51.27%		41,427	515	41,942 *
	MH 1966	9		Medicare/Medi-Cal Crossover Units @ 51.40%		40	(40)	0
Į.	MH 1966	9A	{	Medicare/Medi-Cal Crossover Units @ 51.27%		60	(60)	0
{	MH 1966	10	}	Enhanced - Children @ 65.88%		- 1	- }	0
Ì	MH 1966	10A	ĺ	Enhanced - Children @ 65.88%		0	-	0
1	}					53,894	778	54,672
				To adjust settled Medi-Cal units of service to agree with State DN Cal units of service.	IH approved Medi-			
8	MH 1966	8		Medi-Cal Units @ 51.40%	**	12,730	(294)	12,436 *
	MH 1966	8A		Medi-Cal Units @ 51.27%	**	41,942	(439)	41,503 *
[
						54,672	(733)	53,939
				To adjust Medi-Cal units of service to include County edited inval approved units of service.	d Medi-Cal			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provider					Entity Number	No. of Adj.	Fiscal Perio	
	Harbor/UC	LA Medi	cal Cen	ter	502	16	07/01/02 To	06/30/03
	Report Re	ference				As	Increase	As
Adj.	Form/	Line	Cal	EXPLANATION OF AUDIT ADJUSTMEN	NTS	Reported	(Decrease)	Adjusted
No.	Sch.	Line	Col.					
			l L	ADJUSTMENTS TO SETTLED PATIENT STATISTICS,	CONT'D.			
9	MH 1966	8	B-D	Medi-Cal Units @ 51.40% 05/10		442	(18)	424
	MH 1966	8A		Medi-Cal Units @ 51.27% 05/10		1,249	85	1,334
	MH 1966	8		Medi-Cal Units @ 51.40% 05/19	İ	465	22	487
	MH 1966	8A	B-D	Medi-Cal Units @ 51.27% 05/19		<u>1,850</u> 4,006	(89)	<u>1,761</u> 4,006
				To adjust settled inpatient Medi-Cal units to agree with service fu County MHMIS report.	nction changes per			4,000
10	MH 1966	8		 Medi-Cal Units @ 51.40%	**	12,436	(35)	12,401 *
		8A		Medi-Cal Units @ 51.27%	**	41,503	(81)	41,422 *
				To disallow approved inpatient Medi-Cal units of service for client for pregnancy and emergency services only. W & I Code Section 5719 and DMH Aid Code Master Chart.				
11	MH 1966	8		Medi-Cal Units @ 51.40%	**	12,401	(489)	11,912 *
				To adjust settled inpatient Medi-Cal units of service to include Me review adjustments. DMH Information Notice No.: 02-05.	di-Cal Oversight			
			ļ	* Balance carried forward to subsequent adjustment.	1			
	L	L	<u></u>	** Balance brought forward from prior adjustment.				

Provider					Entity Number	No. of Adj.	l .	riod Ended
<u> </u>	Harbor/UC		cal Cent	ter	502	16	07/01/02	o 06/30/03
	Report Re	ference				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO SETTLED PATIENT STATISTICS, CONT	D.			
12	MH 1991		Ε	SD/MC Administrative Days		2,315	(748)	1,567
		,		To reflect the effect of Medi-Cal units of service audit adjustment Medi-Cal inpatient administrative days on form MH 1991.	s on settled			
				ADJUSTMENTS TO SETTLED REVENUES			 	
13	MH 1968 MH 1968 MH 1968 MH 1968 MH 1968 MH 1968	28 28A 28 28A 28A 28	E G G H	Patient and Other Payor Revenues @ 51.40% - I/P Patient and Other Payor Revenues @ 51.27% - I/P Patient and Other Payor Revenues @ 51.40% - D/T Patient and Other Payor Revenues @ 51.27% - D/T Patient and Other Payor Revenues @ 51.40% - O/P Patient and Other Payor Revenues @ 51.27% - O/P		\$ 16,417 51,220 1,342 3,469 87 306 \$ 72,841	\$ (7,973) (1,661) 18 6 (1) 0 \$ (9,611)	\$ 8,444 49,559 1,360 3,475 86 306 \$ 63,230
				To adjust settled patient and other payor revenues to agree with revenue based on ratio of audited Medi-Cal cost to audited total of				
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provider					Entity Number	T	No. of Adj.	T	Fiscal Pe		
	Harbor/UC		cal Cen	ter	502	 		┼-	07/01/02	10 0	
A .!!	Report Re	ference		EVELANATION OF AUDIT AD HISTMEN	ITC		As Reported		Increase (Decrease)		As Adjusted
Adj. No.	Form/ Sch.	<u>Line</u>	Col.	EXPLANATION OF AUDIT ADJUSTMEN		<u> </u>				1.	
				SETTLEMENT ADJUSTMENTS							
14	MH 1979	23	J	Adjusted Total SD/MC Reimbursement (FFP)		\$	1,638,629	\$	(177,292)	\$	1,461,337
				To reflect the effect of audit adjustments on settled total Short-Do reimbursement.	yle/Medi-Cal FFP						
15	Sch 2			Contract Maximum		\$	1,638,629	\$	1,993,593	\$	3,632,222
				To reflect County funds available to match Medi-Cal FFP.				ı			
16	Sch 2			Lower of Net Reimbursable Cost or Contract Maximum		\$	1,638,629	\$	(177,292)	\$	1,461,337
				To reflect the lower of audited net reimbursable Medi-Cal FFP commaximum.	st or contract						
		<u> </u>]								
	ŀ										
)										
				* Balance carried forward to subsequent adjustment.							
	<u> </u>	L		Balance brought forward from prior adjustment. ** Balance brought forward from prior adjustment.							

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS MH 1960 (10/04)

Fiscal Year 2002-2003

	Legal Entity: HARBOR-UCLA MEDICAL CENTER	A	В	С
Le	gal Entity Number: 00502	Salaries		Total
		and Benefits	Other	Costs
1	Mental Health Expenditures		13,226,772	13,226,772
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		And the second s	
4	Other Adjustments (Provide Detail)			
5	Total Costs Before Medi-Cal Adjustments		13,226,772	13,226,772
6	Medi-Cal Adjustments from MH 1961			(31,683)
7	Managed Care Consolidation (County Only)			en elde
8	Allowable Costs for Allocation			13,195,089
	Administrative Costs (County Only)			
9	SD/MC Administration			
10	Healthy Families Administration			And the second s
11	Non-SD/MC Administration			
12	Total Administrative Costs			
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			
14	Other SD/MC Utilization Review			N453-04
15	Non-SD/MC Utilization Review			
16	Total Utilization Review Costs			
L				
17	Research and Evaluation (County Only)			in the second of
18	Mode Costs (Direct Service and MAA)			13,195,089
19	Total Costs - Lines 9 through 18			13,195,089

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY **MEDI-CAL ADJUSTMENTS TO COSTS** MH 1961 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

Legal Entity: HARBOR-UCL	A MEDICAL CENTER	Α	В	C
Legal Entity Number: 00502		Salaries		Total
		and Benefits	Other	Adjustments
1 Physican Costs			(1,904)	(1,904)
2 Ancillary Costs			(29,778)	(29,778)
3				
4	<u></u>			
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20 Total Adjustments			(31,683)	(31,683)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH Fiscal Year 2002-2003

	Legal Entity: HARBOR-UCLA MEDICAL CENTER	A
Le	egal Entity Number: 00502	Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	13,195,089
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	7,245,264
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	5,671,033
5	Outpatient Services (Mode 15 Program 1 + Program 2)	278,793
6	Outreach Services (Mode 45)	
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	13,195,089

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

(10/04)

County: Los Angeles County Code: 19

CR CR

DETAIL COST REPORT

	County Code: 19				_				
	Legal Entity: HARBOR-UCLA MEDICAL CEN	TER	A	B	C	D	E Candas	F	G Service
Lec	gal Entity Number: 00502 Mode: 05 - Hospital Inpatient (SFC 10-1	<u></u>	Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Function
	Mode: 05 - Hospital Inpatient (GPC 10-		Wicde Folds	10	19	Taricacii	- T GITOGOTI	T direction	7 4/104/01
1	Allocation Percentage		100.00%	77.96%	22.04%				
2_	Total Units		12,753	6,492	6,261				
3	Gross Cost		7,245,264	5,648,601	1,596,663	0000000000	100000000000	200000000000	00000000
4	Cost per Unit			870.09	255.02				
5	SMA per Unit			838,20	235.96				
6	Published Charge per Unit			1,388.00	1,388.00				
7	Negotiated Rate / Cost per Unit	*************		वसम्बद्धसम्बद्धसम्बद्ध	<u>इस्याच्याच्या</u> च्या	, sie ee ee ee ee			<u> </u>
8	Medi-Cal Units	07/01/02 - 09/30/02	383	255	128				
A8		10/01/02 - 06/30/03	3,018	1,263	1,755				
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02					<u> </u>		
9A 10		10/01/02 - 06/30/03 07/01/02 - 09/30/02					 	 	
10A	Enhanced SD/MC (Children) Units	10/01/02 - 06/30/03	 -				 	 -	
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11		07/01/02 - 09/30/02							
11A	Healthy Families (SED) Units	10/01/02 - 06/30/03	i —	_					
12	Non-Medi-Cal Units		9,352	4,974	4,378			<u> </u>	
13		07/01/02 - 09/30/02	255,749	221,872	33,877	<u> </u>	110000000000000000000000000000000000000		.,,
13A	Medi-Cal Costs	10/01/02 - 06/30/03	1,501,060	1,098,919	402,141				
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	247,618	213,741	33,877				
14A	Medi-Car Sint Opper Limits	10/01/02 - 06/30/03	1,460,787	1,058,647	402,141				
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	387,817	353,940	33,877		<u> </u>		
15A		10/01/02 - 06/30/03	2,155,185	1,753,044	402,141			<u> </u>	
16 16A	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02	 				 	 -	
	<u> </u>	10/01/02 - 06/30/03	12222000000	300000000	000000 0 000		2000000000	0000000000	
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	ļ					<u> </u>	
17A 18	 	10/01/02 - 06/30/03						 -	
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02 10/01/02 - 06/30/03							
19		07/01/02 - 09/30/02	-						
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03							
20	Medicam Medi Cal Crossover Negatioted Potes	07/01/02 - 09/30/02						ļ -	
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03							
21		07/01/02 - 09/30/02	interpretations	<u>angatatana gatatata</u> I	<u>tarar da tara taran da t</u>	tataningtababbarata	elegeritaria geletatur	1017512011011111111111111111111111111111	<u> </u>
21A	Enhanced SD/MC (Children) Costs	10/01/02 - 06/30/03					-	+	-
22	Enhanced SDAIC (Children) SAIA Hones Limite	07/01/02 - 09/30/02	<u> </u>					 	
22A	Enhanced SD/MC (Children) SMA Upper Limits	10/01/02 - 06/30/03							
23	Enhanced SD/MC (Children) Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03					L———		
24 24A	Enhanced SD/MC (Children) Negotiated Rates	07/01/02 - 09/30/02					ļ	-	
12:22	<u> </u>	10/01/02 - 06/30/03	10200000000	Sinding sind sind sind sind sind sind sind sind	***************************************		************	************	200000000
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges Enhanced SD/MC (Refugees) Negotiated Rates		 	-			<u> </u>		ļ
28	Linianced SD/MC (Relugees) Negotiated Rates	07/01/02 - 06/30/03					000000000000		inananda.
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03	<u> </u>			<u> </u>	<u></u>	<u> </u>	
30 30A	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	 	<u> </u>	<u> </u>		 	_	
31	 	10/01/02 - 06/30/03 07/01/02 - 09/30/02	 		<u> </u>		 	 	
31A	Healthy Families Published Charges	10/01/02 - 09/30/02	 					 	<u> </u>
32	Hanks Paris Alamana	07/01/02 - 09/30/02	 				 	 	
32A	Healthy Families Negotiated Rates	10/01/02 - 06/30/03				 -	 	 	
	Non-Medi-Cal Costs	Transportation of the contract	5,488,455	4,327,810	1,160,646	<u> </u>	Property of the Party of the Pa	<u> </u>	********

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: Los Angeles County Code: 19

CR

County Code: 19			CR					
Legal Entity: HARBOR-UCLA MEDICAL CEN	ITER	Α	В	С	D	E	F	<u> </u>
Legal Entity Number: 00502		l 1	Service	Service	Service	Service	Service	Service
Mode: 10 - Day Services		Mode Total	Function	Function	Function	<u>Function</u>	Function	Function
1 Allocation Percentage		400.000	24 100.00%		<u> </u>			
1 Allocation Percentage 2 Total Units		100.00%	66,152				 	
3 Gross Cost		5,671,033	5,671,033		 		-	
1001 0000000000000000000000000000000000	<u> vanaganganangan</u>	1	9944999999		20.0000000000	00000000000	300000000000	<u> </u>
4 Cost per Unit			85.73					
5 SMA per Unit 6 Published Charge per Unit			82.94 87.50				 	
7 Negotiated Rate / Cost per Unit	-			 			 	
<u>ana mangganangangangangangangangangangang</u>			1967 (1461 149 <u>6) 1</u> 5	<u>यययय्वययय</u>		<u> यहारावाच्याच्याच्या</u>	and the second	तवनननन <u>न</u> ्य
8 Medi-Cal Units	07/01/02 - 09/30/02		3 <u>,7</u> 69				L	
8A	10/01/02 - 06/30/03		9,629		<u> </u>			
9 Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A	10/01/02 - 06/30/03				<u> </u>			
Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02						L	
10A	10/01/02 - 06/30/03						<u> </u>	
10B Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03		<u> </u>	<u> </u>	 			
Healthy Families (SED) Units	07/01/02 - 09/30/02				<u> </u>		 	
11A Non-Medi-Cal Units	10/01/02 - 06/30/03		50 75 1			<u> </u>	ļ	
<u> ar en la prima de la la compaña de la compaña de compaña de la compaña de la compaña de la compaña de la comp</u>	स्टब्स्टिस्टरसम्बद्धाः स्टब्स्टरसम्बद्धाः		52,754	<u> सुरायसम्बद्धाः ।</u>		तपुरावनसम्बद्धाः	सर्वयसम्बद्धाः विकास	<u> </u>
13 Medi-Cal Costs	07/01/02 - 09/30/02	323,106	323,106					
13A	10/01/02 - 06/30/03	825,468	825,468					
Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	312,601	312,601					
14A	10/01/02 - 06/30/03	798,629	798,629					
Medi-Cal Published Charges	07/01/02 - 09/30/02	329,788	329,788					
13A	10/01/02 - 06/30/03	842,538	842,538		<u> </u>			
16 Medi-Cal Negotiated Rates	07/01/02 - 09/30/02	<u> </u>						
16A	10/01/02 - 06/30/03							*:-:
17 Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A	10/01/02 - 06/30/03							
18 Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A	10/01/02 - 06/30/03							
19 Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02				<u> </u>			
19A	10/01/02 - 06/30/03							
Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02						<u> </u>	
20A	10/01/02 - 06/30/03							Ĺ
21 Faharand SDRAG Contr	07/01/02 - 09/30/02							1.
Enhanced SD/MC Costs	10/01/02 - 06/30/03				 			
22 Enhanced SDAIC SMA Hanne Limite	07/01/02 - 09/30/02							-
Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03						 	-
23 Enhanced SDA4C Bublished Charges	07/01/02 - 09/30/02	1						_
Enhanced SD/MC Published Charges	10/01/02 - 06/30/03							
24 Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A	10/01/02 - 06/30/03							
25 Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03			11111111111111111111111111				
26 Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03	-					 -	
27 Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03	\vdash	-	 		 		-
28 Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03	1						
29	90000000000000000		*********		<u> </u>	<u>30,000,000,000</u>	000000000	1000000000
Healthy Families Costs	07/01/02 - 09/30/02	 						
30	10/01/02 - 06/30/03	 			 	 	 	
Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	 	<u> </u>		 			
31	10/01/02 - 06/30/03	 		├──			 	<u> </u>
Healthy Families Published Charges	07/01/02 - 09/30/02	 		<u> </u>	 	<u> </u>		<u> </u>
32	10/01/02 - 06/30/03				 -	 	 	
Healthy Families Negotiated Rates	07/01/02 - 09/30/02	 	ļ		 	ļ	_	<u> </u>
	10/01/02 - 06/30/03	100000000000000000000000000000000000000	***************	<u>2</u>	,.,.,.,.,.,.,.,.,.,		h.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,1,1,1,1,1,1,1111
33 Non-Medi-Cal Costs		4,522,458	4,522,458					l

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

	County Code: 19 Legal Entity: HARBOR-UCLA MEDICAL CEN	ITER	A	В	С	D	É	F	G
Lec	al Entity Number: 00502	11611	<u>'</u>	Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient (Program 1)		Mode Total	Function	Function	Function	Function	Function	Function
			1 1	10	42	62	77		
1	Allocation Percentage		100.00%	2.78%	71.71%	25.36%	0.15%		
~	Total Units		104,575	3,285	85,005	16,165	120		
٣	Gross Cost		278,793	7,745	199,918	70,707	423		<u> </u>
1	Cost per Unit	<u>92001-0000000000000000000000000000000000</u>		2.36	2.35	4.37	3.53	************	
5	SMA per Unit			2.28	2.28	4.23	3.41		
3	Published Charge per Unit			2.32	2.32	4.31	3.49		
7	Negotiated Rate / Cost per Unit								
		07/01/02 - 09/30/02	7,760	80	6,155	1,525	*;*;*;*,*,*,*;*,*,*,		<u> </u>
ВА	Medi-Cal Units	10/01/02 - 06/30/03	28,775	1,715	23,060	4,000			
5		07/01/02 - 09/30/02	20,773	1,710	25,555	7,000			
PΑ	Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03		-					
10		07/01/02 - 09/30/02	 						
10A	Enhanced SD/MC (Children) Units	10/01/02 - 06/30/03	 			_			
	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03	1						
11		07/01/02 - 09/30/02	1	_				_	<u> </u>
11A	Healthy Families (SED) Units	10/01/02 - 06/30/03	1	- 1			_	_	
	Non-Medi-Cal Units	, , , , , , , , , , , , , , , , , , ,	68,040	1,490	55,790	10,640	120		
	<u> </u>	07/04/02 00/00/02			30000000000	10101010101010101010		9.0.000 <u>0.000</u>	
13 13A	Medi-Cal Costs	07/01/02 - 09/30/02 10/01/02 - 06/30/03	21,335	189 4,043	14,476 54,233	6,670 17,496			
14		07/01/02 - 09/30/02	75,773 20,667	182	14,033	6,451			
14A	Medi-Cal SMA Upper Limits			3,910		16,920			
15		10/01/02 - 06/30/03 07/01/02 - 09/30/02	73,407 21,038	186	52,577 14,280	6,573			
15A	Medi-Cai Published Charges	10/01/02 - 06/30/03	74,718	3,979	53,499	17,240			
16		07/01/02 - 09/30/02	74,710	- 3,575	33,499	17,240			
16A	Medi-Cal Negotiated Rates	10/01/02 - 06/30/03						-	
	<u></u>		1777-777-77-77-77-7	Grinanyrara raranana		**********	10000000000000	an an an an an an an an an an an an an a	20,000,000
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18 18A	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							<u> </u>
19A		10/01/02 - 06/30/03							
20A	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							_
•	<u> </u>	10/01/02 - 06/30/03		Spannananar	0.000000000000		<u> </u>	0000000000	
21_	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							<u> </u>
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03	**************		(14.14.14.14.14.14.14.14.14.14.14.14.14.1	19777713.4.4.4.4.4.4.1	***************	(1919. A. A. A. A. A.) A. A. (4)	
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03	1						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
82	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29		07/01/02 - 09/30/02							<u> </u>
29A	Healthy Families Costs	10/01/02 - 06/30/03	 					-	
30	11	07/01/02 - 09/30/02	 						-
30A	Healthy Families SMA Upper Limits	10/01/02 - 06/30/03	1						
31	11-11-11-11-11-11-11-11-11-11-11-11-11-	07/01/02 - 09/30/02	 						
31A	Healthy Families Published Charges	10/01/02 - 06/30/03	T						
32	14 14 7 14 14 15 15	07/01/02 - 09/30/02	 			-			
	Healthy Families Negotiated Rates								
32A	· · · · · · · · · · · · · · · · · · ·	10/01/02 - 06/30/03	1		1				l .

1/25/2008

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (19/04)

	County: Los Angeles												1
	punty Code: 19	PHIER				EMENT TYPE	SMA		SMA			Costs	
Legal Entit	egal Entity: HARBOR-UCLA MEDICAL C ity Number: 00502	JENTER		L	¢	D	Total	F_	<u>G</u>	н	Total	 	Total
<u> </u>				Mode 55		Total	Inpatient				Outpatient		Outpatient
			0.51.01.00	S. F.'s 11-19,	0.51.01.00	MAA	Mode 05-	Mode 05-All	14-4-10	Mode 15	Exclude	Mode 15 Program (2)	(Col. I + Col. J)
1	" A 1 A	07/01/02 - 09/30/02	S.F.'s 01-09	31-39	S. F. s 21-29		Hospital 255,749	Other	Mode 10 323,106	Program (1) 21,335	Program (2) 344,441	Program (2)	344,441
1A Med	di-Cal Costs	10/01/02 - 06/30/03					1,501,060		825,468	75,773	901,241		901,241
2 Med	di-Cal SMA	07/01/02 - 09/30/02					247,618		312,601	20,667	333,267		333,267
2A		10/01/02 - 06/30/03 07/01/02 - 09/30/02					1,460,787 387,817		798,629 329,788	73,407 21,038	872,036 350,825		872,036 350,825
3A Medi	di-Cal P. C.	10/01/02 - 06/30/03					2,155,185		842,538	74,718	917,256		917,256
4 Medi	di-Cal N. R.	07/01/02 - 09/30/02					5, 50, 100						
4A		10/01/02 - 06/30/03											
1A Medi 2 Medi 3 Medi 3A Medi 4A Medi 5 Medi	di-Cal Gross Reimbursement	07/01/02 - 09/30/02					247,618		312,601	20,667	333,267		333,267
5A	a de cross remodisement	10/01/02 - 06/30/03					1,460,787		798,629	73,407	872,036		872,036
5 Med	dicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02											
SA MEG		10/01/02 - 06/30/03											
7 Medi	dicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02											
/A		10/01/02 - 06/30/03 07/01/02 - 09/30/02											
BA Medi	dicare/Medi-Cal Crossover P. C.	10/01/02 - 06/30/03											
Med	dicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02											
)A		10/01/02 - 06/30/03			para line					2000000000000			100000000000000000000000000000000000000
سينا ١١	dicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02											
10A Med		10/01/02 - 06/30/03											100000000000000000000000000000000000000
11 Total	I SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02					247,618		312,601	20,667	333,267		333,267
11A Enha	The state of the s	10/01/02 - 06/30/03					1,460,787		798,629	73,407	872,036		872,036
12 Enha	anced SD/MC (Children) Cost	07/01/02 - 09/30/02											
12A	 -	10/01/02 - 06/30/03											
Enha	anced SD/MC (Children) SMA	07/01/02 - 09/30/02 10/01/02 - 06/30/03						L		-	_		
13A Enha	anced SD/MC (Children) P. C.	07/01/02 - 09/30/02								_			
4A	Elicad Spring (Children) F. C.	10/01/02 - 06/30/03	a feliciologici de la compansión de la compansión de la compansión de la compansión de la compansión de la comp										
Enha	anced SD/MC (Children) N. R.	07/01/02 - 09/30/02											
15A Enn		10/01/02 - 06/30/03				<u></u>	<u> </u>	<u> </u>	************	ta in a sainte a com			20. <u>12</u> 0.1111.00.00.00.00.00.00.00.00.00.00.00.
	anced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02											
16A Enha		10/01/02 - 06/30/03			1,1,1,1,1,1,1,1,1		<u> </u>	*,*. <u>********</u> ***	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> Maringangana</u>	12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	<u></u>	
17 Enha	anced SD/MC (Refugees) Cost	07/01/02 - 06/30/03 07/01/02 - 06/30/03									<u> </u>		
8 Enha	anced SD/MC (Refugees) SMA anced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03	- 111111111111									2501-14-14-14-14-14-14-14-14-14-14-14-14-14	
0 Enha	anced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03											
1 Total	il Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02					247,618	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	212 601	20 667	222.267	11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	222.26
1A (Excl	ludes Refugees)	10/01/02 - 06/30/03					1,460,787		312,601 798,629	20,667 73,407	333,267 872,036		333,26 872,036
2 Enha	anced SD/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03					1,400,707	_	730,023		0,2,030		072.03
3	erte fransk fransk fransk fransk fransk fransk fransk fransk fransk fransk fransk fransk fransk fransk fransk 1880 – 1860 – 1860 – 1860 – 1860 – 1860 – 1860 – 1860 – 1860 – 1860 – 1860 – 1860 – 1860 – 1860 – 1860 – 1860	07/01/02 - 09/30/02					<u> 1,753,151,151,155,751,151,151,151,151,151,151</u>	<u> </u>		* (5.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	<u> </u>	<u> </u>	. 4. 4. 4. 4. 1 . 4. 4. 1 . 4. 4. 1 . 4. 4. 1. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.
3A Heal	Ithy Families Cost	10/01/02 - 06/30/03											
24 Heal	ilthy Families SMA	07/01/02 - 09/30/02											
24A		10/01/02 - 06/30/03											
SA Heal	ithy Families P. C.	07/01/02 - 09/30/02 10/01/02 - 06/30/03					 				 -		
6 400	ilthy Families N. R.	07/01/02 - 09/30/02									F		
6A		10/01/02 - 06/30/03											
25A 26 26A 26A 27A Heat	Ithy Families Gross Reim.	07/01/02 - 09/30/02									entrantifica	<u> </u>	<u> </u>
7A	<u> </u>	10/01/02 - 06/30/03											
Less	s: Patient and Other Payor Revenues	107/04/02 0000/00											
'KA I	SD/MC + Crossover Revenues	07/01/02 - 09/30/02 10/01/02 - 06/30/03		 			8,444 49,559	 	1,360 3,475	86 306	1,446 3,781	 	1,446 3,78°
9 E	nhanced SD/MC (Children) Revenues nhanced SD/MC (Refugees) Revenues	1100000					49,339		3,473		3,701	 	3,/8
10 E	nhanced SD/MC (Refugees) Revenues												
	ealthy Families Revenues									2200222			
	Expenditures from MAA (Mode 55)				L								
3 Medi	Ii-Cal Eligibility Factor (Average)			12010503010101010101	n distriction district								
		000000000000000000000000000000000000000											
5 Net [Due - SD/MC for Direct Services	07/01/02 - 09/30/02 10/01/02 - 06/30/03	00.00000000000				239,174		311,241	20,581 73,101	331,821		331,82
5A Net 1	Due - Enhanced SD/MC (Refugees)	110/01/02 - 00/30/03		 			1,411,228	<u> </u>	795,154	73,101	868,255		868,259
7 Net F	Due - Healthy Families	07/01/02 - 09/30/02									 		 -
7A		10/01/02 - 06/30/03											
Amo	ount Negotiated Rates Exceed Costs	<u>ita pertena hada kahada hada hada da ƙalla ƙarar</u> 											
8 5	SD/MC (Includes Children)	07/01/02 - 09/30/02											1
NA I	nhanced SD/MC (Refugees)	10/01/02 - 06/30/03										mesocanios:	
		07/01/02 - 09/30/02					<u> </u>						
	fealthy Families	10/01/02 - 06/30/03	#1+1+1+1+1+1+1+1+1+1+1+1+1+1	1-1-1-1-1-111111111111	1810111111111111111111111		1	•	1	1		# 1 * 1 * 1 * 1 * 2 * 2 * 2 * 3 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1	1

DEPARTMENT OF MENTAL HEALTH CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DETAIL COST REPORT Fiscal Year 2002-2003

DETERMINATION OF SD/MC + CROSSOVER FFF DOLLARS MH 1970 (10/04)

County: Los Angeles
County Code: 18
Legal Entity: HARBOR-UCLA MEDICAL CENTER

Legal Emity:	LANKBOK-OCTA MEDICAT CEUI
egal Entity Number:	00502

	Mode:	05 - Hospita (SFC 10 - 1	inpatient		Α .	В	С	D	E	F	G	H	1	L L	к	L	N	N	0	P	Q	R	s	Т	U
				Data Type		IC + Crossover		Unite es s			Gross Reimb	Crossover resment Costs Upper Limits				or Revenue			Not Dire (Gross Reim, C	oets - Revenue)				Dollars	
				Source	From MH190	1_Schedule_B_	Supplemental	Calc	stated		From MH190	6 HOSPINPT			From MH190	1_Schedule_B			Calcu	lated		Calculated			
				Formula				B / (B + C)	C / (B + C)		(D • I)	(E • ()			(D • M)	(E, W)		(F - J)	(G - K)	(H-L)	() (4+0)		(50.00% 0)		
				Period		2nd Period/	2nd Period/	2nd Period/	2nd Period/		2nd Period/	2nd Period/	Total 2nd		2nd Period/	2nd Period/	Total 2nd		2nd Period/	2nd Period/	Total 2nd	1st Period FFP \$ 07/01/02 -	2nd Period/ Part I FFP \$ 10/01/02 -	Part II FFP \$ 04/01/02 -	Period FFI 04/01/02
	MH1901				1st Period	Part I	Partil	% of Units	Part II % of Units	1st Period	Parti	Part II	Period	1st Period	Parti	Part II	Period	1st Period	Part I	Part II	Period	09/30/02	03/30/03	06/30/03	06/30/03
		Settlement		Service	Units 07/01/02 -	Units 10/01/02 -	Units 04/01/03 -	in 10/01/02 -	04/01/02 -	Coets 07/01/02 -	Costs 10/01/02 -	Costs 04/01/03 -	Costs 10/01/02 -	07/01/02 -	10/01/02 -	Revenue 04/01/03 -	10/01/02 -	Net Costs 07/01/02 -	Net Costs 10/01/02 -	Net Crets 04/01/03 -	Net Costs 10/01/02 -	1st Period	Parti	2nd Period/ Part II	13.0
olumn	Line #	Type	Mode Sauthers Street	Function	09/30/02	03/30/03	06/30/03	03/30/03	06/30/03	09/30/02	03/30/03	06/30/03	06/30/03	09/30/02	03/30/03	06/30/03	08/30/03	09/30/02	03/30/03	06/30/03	06/30/03	51.40%	FFP % 50.00%	FFP % 54,35%	10
	1	CR	76	10	DEE.	902	381	71.42%	28.58%	213,741	756,056	302,590	1.058,647	8,444	35.394	14,165	49,558	205,297	720,663	288,425	1,009,088	105,523	360,331	156,759	
		- 55	- ~	10	128		344		19,60%	33,877	323,316		402.141		35,364	19,100	40,000	33,877	323,316	78,824	402,141	17.413	161,658	42,841	204.4
$\neg \neg$		 		— •		1,41			14,50.71		320.0				t——						100,141	11.11		42.041	
											 														
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	⊢			-						⊢	——	├──		├			L	-	_						+
		لــــا							Totals	247,618	1,079,373	381,414	1,460,787	8,444	35.394	14,165	49,559	239,174	1,043,979	367 249	1,411,228	122,935	521,990	199,600	721
									s from MH1968			301,414	1,460,787		00,007	14,100	49,559	_00,174	.,545,510	207,240	1,-11,220		JE1,000	100,000	121

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DEPARTMENT OF MENTAL HEALTH DETAIL COST REPORT Fiscal Year 2002-2003

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DETERMINATION OF 8 DIMC + CROSSOVER FFP DOLLARS MH 1970 (10/04)

County: Los Angeles County Code: 19

Legal Entity: HARBOR-UCLA MEDICAL CENTER

	Mode:	10 - Day 8e	rvices		A	В	С	D	E	F	G	н	1	1	K	l L	м	N	0	P	۵	R	s	Ť	U
				Data Type		MC + Crossover		Units se a	of 2nd Period Percentage		Gross Reimbu	Crossover ursement Costs Upper Limits			Medi-Cel I Other Pay	Petient and or Revenue			(Gross Reim. C				FFP C	Cotars	
				Source	From MH190	1_Schedule_B_	Supplemental		ulated		From MH19	Upper Limits 66_MODE10			From MH190	1_Schedule_B			Calcu	Jated			Calcu		
				Formula				B / (B + C)	C / (B + C)		(D * I)	(E • I)			(D * M)	(E • M)		(F - J)	(G - K)	(H - L)	(Q + P)	(51.40% * N)			
				Period	1st Period	2nd Period/ Part 1	2nd Period/ Part II	2nd Period/ Part i	2nd Period/ Part II	1st Period	2nd Period/	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/	Total 2nd Period	1st Period	2nd Period/ Part (2nd Period/ Part II	Total 2nd Period	1st Period FFP \$ 07/01/02 - 09/30/02	2nd Period/ Part I FFP \$ 10/01/02 - 03/30/03	2nd Period/ Part II FFP \$ 04/01/02 - 06/30/03	Total 2nd Period FFI 04/01/02 06/30/03
H1966 Cost Report Column	Line #	Settlement Type	Mode	Service Function	Units 07/01/02 - 09/30/02	Units 10/01/02 - 03/30/03	Units 04/01/03 - 06/30/03	Part i % of Units in 10/01/02 - 03/30/03	Part II % of Units in 04/01/02 - 06/30/03	Costs 07/01/02 - 09/30/02	Costs 10/01/02 - 03/30/03	Costs D4/01/03 - D6/30/03	Costs 10/01/02 - 06/30/03	Revenue 07/01/02 - 09/30/02	Revenue 10/01/02 - 03/30/03	Revenue 04/01/03 - 06/30/03	Revenue 10/01/02 - 06/30/03	Net Costs 07/01/02 - 09/30/02	Net Costs 10/01/02 - 03/30/03	Net Costs 04/01/03 - 06/30/03	Net Costs 10/01/02 - 06/30/03	1st Period FEP %	2nd Period/ Part I FFP %	2nd Period/ Part II EEP %	
	原 性是							A CONTRACTOR			Service Line		The same	KEST CHAIR	ET OFFICIAL S	1770 March		组成通过位置		E 10 10 10 11	有用性血素的	51.40%	50.00%	54.35%	0.000
	3	CR	10	24	3,769	6,582	3.047	68.36%	31.64%	312,601	545,911	252,718	798,629	1,360	2.375	1.100	3,475	311.241	543,536	251.619	795.154	159,978	271,768	136,755	408.
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									Totals	312,601	545,911	252,718	798,629	1,360	2,375	1,100	3,475	311,241	543,536	251,619	795,154	159,978	271,768	136,755	4

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

DETAIL COST REPORT

DETERMINATION OF SD/MC FFP % MH 1978 (10/04)

County: Los Angeles

County Code: 19

Legal Entity: HARBOR-UCLA MEDICAL CENTER

Lega	al Entity Number: 00502	Α	В	С	D	E	_ F
	Data Type	Net Dire	ct Costs	FF	P	Effe	ctive
	Data Type	(Gross Reim. Co	osts - Revenue)	Dol	lars	FF	P%
	Source	MH1	970s	MH1	970s	Calci	ulated
		Column N	Column Q	Column R	Column U	<u> </u>	
	Formula					(C6 / A6)	(D6 / B6)
	Period	1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period
		07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -
	Mode	09/30/02	06/30/03	09/30/02	_ 06/30/03	09/30/02	06/30/03
1	05 - Hospital Inpatient (SFC 10-19)	239,174	1,411,228	122,935	721,589	and the second s	MARK THE PARK LINE
2	05 - Other 24 Hour Services (All Other SFC)					PARTITION NO.	
_3	10 - Day Services	311,241	795,154	159,978	408,523		dec
4	15 - Outpatient (Program 1)	20,581	73,101	10,578	37,734		
5	15 - Outpatient (Program 2)						
6	Totals	570,995	2,279,483	293,491	1,167,846		
7	Totals from MH1979	570,995	2,279,483	293,491	1,167,846		
8	Effective SD/MC FFP %				na dia mandalah dia mengalah dia Mengalah dia mengalah dia mengal	51.40%	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DETAIL COST REPORT DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (10/04)

Fiscal Year 2002-2003

County: Los Angeles County Code: 19						FFP % Source: MH1978 E8	FFP % Source: MH1978 F8			
Legal Entity: HARBOR-UCLA MEDICAL CENTER	A	B	<u>_</u>	D	E	F	G	н	<u>i</u>	J
Legal Entity Number: 00502	Total	Total	Total		50%	51.40%	51.23%	³Variable %	75%	Total
	MAA	Inpatient	Outpatient	Total	FFP	FFP	FFP	FFP	FFP	FFP
SD/MC Administrative Reimbursement (County Only)										
1 County SD/MC Direct Service Gross Reimbursement										
2 Contract Provider Medi-Cal Direct Service Gross Reimbursement			erioren erreitainen err							
Total Medi-Cal Direct Service Gross Reimbursement Medi-Cal Administrative Reimbursement Limit										
5 Medi-Cal Administrative Reimbursement Limit										
6 Medi-Cal Administrative Reimbursement										
Medi-Cai Administrative Reimbursement				Saladahan dahatan	taretetatatatetatatatatatatatat					etetetetetetetetetetetete
Healthy Families Administrative Reimbursement (County Only)										
7 County Healthy Families Direct Service Gross Reimbursement										
8 Healthy Families Administrative Reimbursement Limit										
9 Healthy Families Administration										
10 Healthy Families Administrative Reimbursement										
SD/MC Net Reimbursement for MAA										
11 Medi-Cal Admin, Activities Svc Functions 01 - 09	2,-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			<u> </u>	<u> </u>					1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
12 Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39										
13 Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)										
and the state of the control of the control of the control of the control of the control of the control of the				असन्ययम् <u>येकासन्य स्टब्</u> रकार						
14 Utilization Review-Skilled Prof. Med. Personnel (County Only)									<u> </u>	
15 Other SD/MC Utilization Review (County Only)					100 100 100 100 100 100 100 100 100 100					
SD/MC Net Reimbursement for Direct Services 07/01/02 - 09/30/02		239,174	331,821	570,995		293,491				293,491
16A SD/MC Net Reimbursement for Direct Services 10/01/02 - 06/30/03		1,411,228	868,255	2,279,483			1.167.846			1,167,846
17 Enhanced SD/MC Net Reimb. (Children) 07/01/02 - 09/30/02										
[1/A] _ \ 10/01/02 - 06/30/03										
18 Enhanced SD/MC Net Reimb. (Refugees)				-						
19 Total SD/MC Reimbursement Before Excess FFP										
20 Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC										1,461,337
21 Total SD/MC Reimbursement (FFP)										1.461.327
22 Contract Limitation Adjustment										1,461,337
23 Adjusted Total SD/MC Reimbursement (FFP)										1,461,337
<u> </u>										1,401,337
Healthy Families Net Reimbursement 07/01/02 - 09/30/02										
24A 10/01/02 - 06/30/03										
25 Total Healthy Families Reimbursement Before Excess FFP										
26 Amount Negotiated Rates Exceed Costs - Healthy Families										
27 Total Healthy Families Reimbursement										

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY CALCULATION OF SHORT-DOYLE/MEDI-CAL FOR FY 2002-2003 HOSPITAL ADMINISTRATIVE DAYS MH 1991 (10/04)

Fiscal Year 2002-2003

COUNTY NAME: Los Angeles					NAME:	HARBOR-UCLA	MEDICAL CENTER	₹
COUNTY CODE: 19			LEGAL ENTITY		NUMBER:	00502		
A	В	С	D	E	F	G	Н	
Settlement Group	PROVIDER NUMBER	SMA RATE	PERIOD OF SERVICE	ADMIN DAYS	SUBTOTAL AMOUNT	PHYSICIAN COSTS	ANCILLARY COSTS	TOTAL AMOUNT
		\$231.30	07/01/02 - 07/31/02	15	\$ 3,470	\$110	\$519	\$4,098
SD/MC		\$236.38	08/01/02 - 09/30/02	107	\$ 25,293	\$784	\$3,702	\$29,778
		\$236.38	10/01/02 - 12/31/02	1,229	\$ 290,511	\$9,000	\$42,517	\$342,028
		\$236.38	01/01/03 - 06/30/03	216		\$1,582	\$7,472	\$60,113
		Mary March	200		**************************************	4.24	Sub-Total:	438.01
ŀ		\$231.30	07/01/02 - 07/31/02					 _
Children EMC		\$236.38	08/01/02 - 09/30/02					
		\$236.38	10/01/02 - 12/31/02					
		\$236.38	01/01/03 - 06/30/03	E. Serre ** Sentings of the control of				
	4 * 4	Carried Carried St. St. St. St. St. St. St. St. St. St.				** *** *******************************	THE RESIDENCE OF THE	
		\$231.30	07/01/02 - 07/31/02					
Refugees EMC		\$236.38	08/01/02 - 09/30/02					
		\$236.38	10/01/02 - 12/31/02			ļ		
		\$236.38	01/01/03 - 06/30/03		7			
		\$231.30	07/01/02 - 07/31/02			 	 	
Healthy Families		\$236.38	08/01/02 - 09/30/02	ļ		 		
		\$236.38	10/01/02 - 12/31/02		.	<u> </u>	ļ <u>-</u>	
	STATE OF BUILDING	\$236.38	01/01/03 - 06/30/03				DAY SELECTION OF	7
				ND TOTAL				